

TOWN OF WAPPINGER



BUILDING DEPARTMENT
20 MIDDLEBUSH ROAD
WAPPINGERS FALLS, NY 12590-0324
(845) 297-6256
FAX: (845) 297-0579

FLOOD PLAIN CONSTRUCTION PERMIT APPLICATION

***** THE FOLLOWING MUST BE SUBMITTED AT TIME OF APPLICATION *****

APPLIC FORM COMPLETED INSURANCE SUBMITTED (WC&DB) INSURANCE ON FILE CONSENT IF APPLIC

The Town of Wappinger requires proof of Workers' Compensation (C105 or 26.3) and Disability (DB120) insurance. The application for a Certificate of Attestation of Exemption, Form CE-200, from Workers' Compensation and/or Disability and Paid Family Leave Benefits coverage may only be completed by homeowners doing their own work, entities with no employees and/or out-of-state entities obtaining a contract or license in which all the work is being performed outside of New York State.

NOTE: THE FOLLOWING WILL BE NEEDED TO PROCESS YOUR APPLICATION

GENERAL PROVISIONS: (APPLICANT TO READ AND SIGN):

1. Pre-Site visit scheduled
2. No work may start until a permit is issued
3. If revoked all work must cease until permit is re-issued
4. Development shall not be used or occupied until a Certificate of Compliance is issued.
5. The permit will expire if no work is commenced within six months of issuance.
6. Applicant is hereby informed that other permits may be required to fulfill local, state and federal regulatory requirements.
7. Applicant hereby gives consent to the Local Administrator or his/her representative to make reasonable inspections required to verify compliance.
8. I, THE APPLICANT, CERTIFY THAT ALL STATEMENTS HEREIN AND IN ATTACHMENTS TO THIS APPLICATION ARE, TO THE BEST OF MY KNOWLEDGE, TRUE AND ACCURATE.

APPLICANT'S SIGNATURE: _____ DATE: _____

TOWN OF WAPPINGER BUILDING DEPARTMENT

20 Middlebush Road, Wappingers Falls, N.Y. 12590

telephone: 845-297-6256 fax: 845-297-0579

APPLICATION FOR FLOOD PLAIN PERMIT

DATE: _____

DATE: _____

APPL #: _____

PERMIT # _____

GRID: _____

APPLICANT NAME: _____

ADDRESS: _____

TEL #: _____ CELL: _____ FAX #: _____ E-MAIL: _____

NAME OWNER OF BUILDING/LAND: _____

PROJECT SITE ADDRESS: _____

MAILING ADDRESS: _____

TEL #: _____ CELL: _____ FAX #: _____ E-MAIL: _____

BUILDER/CONTRACTOR DOING WORK:

COMPANY NAME: _____

ADDRESS: _____

TEL #: _____ CELL: _____ FAX #: _____ E-MAIL: _____

DESIGN PROFESSIONAL NAME:

TEL #: _____ CELL: _____ FAX #: _____ E-MAIL: _____

APPLICATION FOR : _____

ESTIMATED COST: \$ _____

NON-REFUNDABLE APPL. FEE: _____ **PAID ON:** _____ **CHECK #** _____ **RECEIPT #:** _____

BALANCE DUE: _____ **PAID ON:** _____ **CHECK #** _____ **RECEIPT #:** _____

APPROVALS:

ZONING ADMINISTRATOR:

O Approved O Denied Date: _____

Signature/Zoning Administrator

CODE ENFORCEMENT OFFICIAL:

O Approved O Denied Date: _____

Signature/Code Enforcement Official

Signature of Applicant

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OWNER CONSENT FORM

BUILDING PERMIT # _____ APPLICATION # _____

SITE LOCATION: _____

GRID: # _____

Name of APPLICANT/OWNER: _____

(Person PHYSICALLY coming in to apply, if other than the Owner)

~ CERTIFICATION ~

NOTICE TO APPLICANTS: 240-109 Certificate of Occupancy

It shall be unlawful for a building owner to use or permit the use of any building or premises or part thereof hereafter created, erected, changed, converted or enlarged, wholly or partly, in its use or structure until a Certificate of Occupancy shall have been issued by the Building Inspector and/or Zoning Administrator.

I, _____, owner of the land/site/building hereby give my permission for the Town of Wappinger to approve or deny the attached application in accordance with local and state codes and ordinances. I understand that this permit will not be closed out unless all proper inspections are completed which can include the building inspector having access to the interior of my residence. If this permit is not closed before the expiration date it will remain as a violation on my property until it is closed out. After the expiration date the permit fee and application will have to be re-submitted in order to close out the permit. I understand that I am ultimately responsible for the closure of this permit.

FAILURE TO COMPLY MAY RESULT IN COURT PROCEEDINGS.

Date

Owner's Signature

Owner's Telephone Number

Print Name

Print Owner's Address

FOR OFFICE USE ONLY

Code Enforcement Official: _____

FLOOD PLAIN CONSTRUCTION PERMIT APPLICATION

SECTION 1: DESCRIPTION OF WORK

A. STRUCTURAL DEVELOPMENT

- | <u>Activity</u> | <u>STRUCTURE TYPE</u> |
|-------------------------------------|---|
| <input type="radio"/> New Structure | <input type="radio"/> Residential (1-4 Family) |
| <input type="radio"/> Addition | <input type="radio"/> Residential (More than 4 Family) |
| <input type="radio"/> Alteration | <input type="radio"/> Non-residential (Flood-proofing? <input type="radio"/> Yes) |
| <input type="radio"/> Relocation | <input type="radio"/> Combined Use (Residential & Commercial) |
| <input type="radio"/> Demolition | <input type="radio"/> Manufactured (Mobile) Home |
| <input type="radio"/> Replacement | (In Manufactured Home Park? <input type="radio"/> Yes) |

B. OTHER DEVELOPMENT ACTIVITIES

- Fill
- Mining
- Drilling
- Grading
- Excavation (Except for Structural Development Checked Above)
- Watercourse Alteration (Including Dredging and Channel Modifications)
- Drainage Improvements (Including Culvert Work)
- Road, Street or Bridge Construction
- Subdivision (New or Expansion)
- Individual Water or Sewer System
- Other (Please Specify) _____

After completing SECTION 1, APPLICANT should submit form to Local Administrator for review.

SECTION 2: FLOODPLAIN DETERMINATION (to be completed by LOCAL ADMINISTRATOR)

The Proposed Development is located on FIRM Panel No. _____, Dated _____.

The Proposed Development:

- Is NOT located in a Special Flood Hazard Area (Notify the applicant that the application review is complete and NO FLOODPLAIN DEVELOPMENT PERMIT IS REQUIRED).
- Is located in a Special Flood Hazard Area.
FIRM Zone Designation is _____
100-Year Flood Elevation at the site is: _____ Ft. NGVD (MSL)
(Unavailable)
- The proposed development is located in a floodway:
FBFM Panel No. _____, Dated _____.
- See Section 4 for additional instructions.

SIGNED _____ Date: _____

FLOOD PLAIN CONSTRUCTION PERMIT APPLICATION

APPEALS: Appealed to Board of Appeals? Yes No

Hearing date: _____

Appeals Board Decision – Approved? Yes No

Conditions _____

SECTION 5: AS-BUILT ELEVATIONS (To be submitted by APPLICANT before Certificate of Compliance is issued.

The following information must be provided for project structures. This section must be completed by a registered professional Engineer or a licensed land surveyor (or attach a certification to this application). Complete 1 or 2 below.

1. Actual (As-Built) Elevation of the top of the lowest floor, including basement (in Coastal High Hazard Areas, bottom of the lowest structural member of the lowest floor, excluding piling and columns) is: _____ Ft. NGVD (MSL).
2. Actual (As-Built) Elevation of flood-proofing protection is _____ Ft. NGVD (MSL).

Note: Any work performed prior to submittal of the above information is at the risk of the Applicant.

SECTION 6: COMPLIANCE ACTION (To be completed by LOCAL ADMINISTRATOR)

The LOCAL ADMINISTRATOR will complete this section as applicable based on inspection of the project to ensure compliance with the community’s local law for flood damage prevention.

INSPECTIONS: DATE _____ BY _____ DEFICIENCIES? YES NO
 DATE _____ BY _____ DEFICIENCIES? YES NO
 DATE _____ BY _____ DEFICIENCIES? YES NO

SECTION 7: CERTIFICATE OF COMPLIANCE (To be completed by LOCAL ADMINISTRATOR)

Certificate of Compliance issued: DATE: _____ BY: _____